

<i>SERFF Tracking Number:</i>	<i>JACK-126104490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42096</i>
<i>Company Tracking Number:</i>	<i>X3400 ET AL</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Application</i>		
<i>Project Name/Number:</i>	<i>Life Application/X3400 ET AL</i>		

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Life Application

SERFF Tr Num: JACK-126104490 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-Closed
State Tr Num: 42096

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: X3400 ET AL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Julie Hughes, Lynda Neese, Lynne Gerding, Sarah Hernandez

Disposition Date: 04/16/2009

Date Submitted: 04/10/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 05/29/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Life Application

Project Number: X3400 ET AL

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile: 04/10/2009

Domicile Status Comments: The form is exempt from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/16/2009

Explanation for Other Group Market Type:

State Status Changed: 04/16/2009

Deemer Date:

Created By: Lynne Gerding

Submitted By: Sarah Hernandez

Corresponding Filing Tracking Number: X3400 ET AL

SERFF Tracking Number: JACK-126104490 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 42096
Company Tracking Number: X3400 ET AL
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Life Application
Project Name/Number: Life Application/X3400 ET AL

Filing Description:

Submitted for review and approval are the above-referenced application forms. These are new forms and will replace Life Application, X3200 03/03 and Temporary Insurance Agreement, X3002 03/03 (filed as informational) which were approved by your Department on March 7, 2003. Form V3077 09/09 is a new form and will replace V3077 01/05 which was approved by your Department on September 16, 2004.

Form X3400 is a new business life insurance application used to elect the following life insurance policies that have been previously approved by your Department, as outlined below, or any subsequently approved life policy that Jackson National Life Insurance Company may develop in the future.

Form Number Form Description Approval Date

L1700 Renewable and Convertible Term Life Insurance October 31, 2005
UL2005 Flexible Premium Adjustable Life Insurance (UL) November 12, 2004
UL2007 Flexible Premium Adjustable Life Insurance (UL) February 5, 2007
VUL1804AR Flexible Premium Adjustable Variable Life Insurance (VUL) March 11, 2008
VUL1805AR Flexible Premium Adjustable Variable Life Insurance (VUL) March 11, 2008

Form X3500 is the Temporary Insurance Agreement (conditional receipt) used in conjunction with the life insurance application when at least the first full premium for the product and mode is submitted and the proposed insured satisfies certain conditions.

Form V3077 09/09 (VUL Benefit Selection/Premium Allocation) is a supplemental application used in conjunction with Life Application X3400 when electing Variable Universal Life policy forms VUL1804AR or VUL1805AR, as outlined above, or any subsequently approved Variable Universal Life policy the Jackson National Life Insurance Company may develop in the future.

Readability has not been included for V3077 09/09 as the application is regulated as a security by the Securities and Exchange Commission and is not subject to readability requirements.

Life Application form, X3400, contains fraud language that is specific to individual states. The language is clearly identified as to those states.

These forms are exempt from filing with Michigan, our state of domicile, by Order No. 97 010 M, which was issued and entered January 29, 1997, effective February 1, 1997.

These forms will be issued by Jackson National Life Insurance Company, and will be marketed to the general public by appropriately independent licensed agents/producers and also by appropriately licensed registered representatives

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through broker/dealers and financial institutions. The issue ages for the underlying policies are 0 to 90.

We have reviewed the enclosed forms and certify that to the best of our knowledge and belief the provisions of the forms comply with the applicable laws and regulations of your jurisdiction. With regard to Regulation 19, Jackson National Life hereby certifies that we do NOT discriminate based on sex in the sale of insurance.

Any variables within the forms have been bracketed and generally consist of names, dates and numbers. The forms, when issued, may vary in format, paper size, border and Company logo. The forms may also be used as a single-sided form. Additionally, a small square bar code may be placed in the far bottom left-hand corner.

If produced electronically, the forms may vary somewhat in format, such as the two-sided page format being printed as one-sided pages. However, the form's content will remain exactly as submitted.

I look forward to your favorable review. If I can be of any assistance to you, or if additional information is required, please contact me by telephone at 800/317-7989, by facsimile at 517/706-5522, or by email at pd&sf@jackson.com.

Company and Contact

Filing Contact Information

Sarah Hernandez, Analyst	pd&sf@jackson.com
1 Corporate Way	800-317-7989 [Phone]
Lansing, MI 48951	517-706-5522 [FAX]

Filing Company Information

Jackson National Life Insurance Company	CoCode: 65056	State of Domicile: Michigan
1 Corporate Way	Group Code: 918	Company Type:
Lansing, MI 48915	Group Name:	State ID Number:
(800) 317-7989 ext. [Phone]	FEIN Number: 38-1659835	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$60.00
Retaliatory?	No
Fee Explanation:	\$20.00 per form - 3 forms

SERFF Tracking Number: JACK-126104490 *State:* Arkansas
Filing Company: Jackson National Life Insurance Company *State Tracking Number:* 42096
Company Tracking Number: X3400 ET AL
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Life Application
Project Name/Number: Life Application/X3400 ET AL
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$60.00	04/10/2009	27102177

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

SERFF Tracking Number:	JACK-126104490	State:	Arkansas
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Company Tracking Number:	X3400 ET AL		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Life Application		
Project Name/Number:	Life Application/X3400 ET AL		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/16/2009	04/16/2009

<i>SERFF Tracking Number:</i>	<i>JACK-126104490</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 04/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	JACK-126104490	State:	Arkansas
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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:	Life Application
Project Name/Number:	Life Application/X3400 ET AL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	AR - Certification Notice		Yes
Form	Life Application		Yes
Form	Temporary Insurance Agreement		Yes
Form	Variable Universal Life Insurance Benefit Selection/Premium Allocation		Yes

SERFF Tracking Number: JACK-126104490 State: Arkansas

Filing Company: Jackson National Life Insurance Company State Tracking Number: 42096

Company Tracking Number: X3400 ET AL

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Life Application

Project Name/Number: Life Application/X3400 ET AL

Form Schedule

Lead Form Number: X3400

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	X3400	Application/ Life Application Enrollment Form	Initial		50.700	X3400 - Life Application.pdf
	X3500	Application/ Temporary Insurance Enrollment Agreement Form	Initial		51.300	X3500 - Temporary Insurance Agreement.pdf
	V3077 09/09	Application/ Variable Universal Enrollment Life Insurance Form Benefit Selection/Premium Allocation	Initial		0.000	V3077 09-09 - VUL Benefit Selection- Premium Allocation Life Application Supplement.pdf

LIFE APPLICATION



USE DARK INK ONLY - ALL PAGES MUST BE COMPLETED FOR "GOOD ORDER"

Home Office: 1 Corporate Way
Lansing, Michigan 48951
www.jackson.com

This is an application for: ☐ Primary Insured ☐ Other Insured

PLEASE PRINT.

• Complete for all life insurance policies.

• A separate application is required for each proposed Insured.

It is required for Good Order that you provide a physical address.

• Only include mailing address if different from physical address.

Proposed Insured

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)	
			/ /	
Social Security Number	Gender	Email Address	Marital Status	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D	
Physical Address (No P.O. Boxes)			U.S. State or Foreign Country of Birth	
City			State	ZIP Code
Mailing Address				
City			State	ZIP Code
Driver's License Number	D.L. State	Telephone Numbers (including area code)	Best Time to Call	
		DAY:() EVENING:()	<input type="checkbox"/> Day <input type="checkbox"/> Evening	
Employer	Occupation	Annual Income	Net Worth	
		\$	\$	

• Complete this section if the Owner is other than the proposed Insured.

• Complete Form ☒ X1006 for multiple Owners.

• If Owner is a Trust, Trustee Certification form ☒ X5335 or trust documents are required with application.

Policy Owner

Individual Name (First, Middle, Last) or Non-Natural Owner/Entity Name			Date of Birth (mm/dd/yyyy)	
			/ /	
Physical Address (No P.O. Boxes)			Social Security/Tax I.D. Number	
City	State	ZIP Code	Relationship to Insured	
Mailing Address				
City	State	ZIP Code		
Email Address	Telephone Numbers (including area code)		Best Time to Call	
	DAY:() EVENING:()		<input type="checkbox"/> Day <input type="checkbox"/> Evening	



X3400



It is required for Good Order that the Death Benefit Percentage be whole numbers and must total 100% for each beneficiary type.

For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.

Beneficiary(ies)

☐ **Primary** % **Percentage of Death Benefit**

Individual Name (First, Middle, Last) or Non-Natural Entity Name

Social Security/Tax I.D. Number

Date of Birth (mm/dd/yyyy)

 / /

Relationship to Insured

☐ Spouse
☐ Other

☐ **Primary** ☐ **Contingent** % **Percentage of Death Benefit**

Individual Name (First, Middle, Last) or Non-Natural Entity Name

Social Security/Tax I.D. Number

Date of Birth (mm/dd/yyyy)

 / /

Relationship to Insured

☐ Spouse
☐ Other

☐ **Primary** ☐ **Contingent** % **Percentage of Death Benefit**

Individual Name (First, Middle, Last) or Non-Natural Entity Name

Social Security/Tax I.D. Number

Date of Birth (mm/dd/yyyy)

 / /

Relationship to Insured

☐ Spouse
☐ Other

Specify the full name of the product.

Complete Form X3250 for CIR riders.

Products, Benefits and Riders

Product

Product Name: _____

Death Benefit: \$ _____

Quoted Rate/Class: _____

☐ Backdate to Save Age

Complete this section for all products except Variable Universal Life (VUL). If applying for VUL, complete form V3077

Universal Life (UL) Only (Select one.)

- ☐ Option A (level death benefit)
- ☐ Option B (increasing death benefit) (if available)
- ☐ Option C (including Premiums less partial surrenders)(if available)

Generations UL Only

No Lapse Option through Age ____.

Pay Premium to Age ____.

Benefits/Riders (if available on product)

- ☐ Primary Insured Term Companion Policy
Product Name: _____
Death Benefit: \$ _____
- ☐ Other Insured Term Insurance Rider
(please complete separate application)
- ☐ Children's Insurance Rider (CIR) ____ Units
- ☐ Accidental Death Benefit \$ _____
- ☐ Waiver of Premium
- ☐ Waiver of Specified Premium
Amount to be waived annually \$ _____
- ☐ Other: _____





• If PAC option is selected for initial Premium, Temporary Insurance Agreement, Form **X3500** MUST be completed.

Premium and Payment Information

Planned Premium

Amount \$ _____

Payment Mode: ☐ Monthly (PAC only) ☐ Quarterly (PAC) ☐ Quarterly (Direct Bill)
☐ Semiannually ☐ Annually ☐ Lump Sum \$ _____

Payment of Premiums on a basis other than annually will result in a higher total annual Premium. This does not apply to Universal Life or Variable Universal Life products.

If PAC option is selected, complete the Premium Payment Charge Authorization (PAC), Form **X0298**. We will draft the initial Premium, if instructed to do so, upon receipt of the application. If a policy is approved as applied for or accepted if approved other than applied for, we will draft subsequent payments once the Policy is issued.

Is the Premium paid by the proposed Insured or Owner? ☐ Yes ☐ No If "No," please complete the following:

Payor's Name _____

Address (number and street, city, state, ZIP code) _____

List Bill Group Number (if applicable): _____

Military/Government Allotment Branch/Number (if applicable): _____

Initial Premium

Make check payable to: Jackson National Life Insurance Company®

Total Premium Submitted: \$ _____ Check No.: _____

Applied to This Application: \$ _____

Balance (if any) Applied to (name): _____

Life Insurance History

What is the total amount of personal or business life insurance **in force** on the proposed Insured's life with JacksonSM or another company? \$ _____

Is any of this amount business insurance? ☐ Yes ☐ No If "Yes," what amount? \$ _____

What is the total amount of personal and business life insurance **pending** or for which the proposed Insured **intends to apply** on his/her life with Jackson or any other company? \$ _____

Is any of this amount business insurance? ☐ Yes ☐ No If "Yes," what amount? \$ _____

Business Insurance

• Complete this section only if the application is for business insurance purposes.

Type of Business (check one):

☐ Sole Proprietorship ☐ Partnership

☐ Corporation

☐ Other (describe): _____

Purpose of the Insurance (check one):

☐ Key Person

☐ Buy/Sell

☐ Loan

☐ Other (describe): _____

☐ Employee Benefit

Approx. Business Net Worth: \$ _____ Approx. Business Net Annual Income: \$ _____

Proposed Insured's Percentage Ownership: _____%

Amount(s) and Purpose(s) of Other Business Insurance, In Force or Applied For, on the proposed Insured:

\$ _____ Purpose: _____

\$ _____ Purpose: _____

Is business insurance carried by other owners, officers, partners, or key persons? ☐ Yes ☐ No

If "Yes," provide the names, titles, amount carried and/or applied for, purpose and insurance company on a separate sheet and attach to this application.




Certificate in Lieu of Illustration
For Illustrated Products only (where required).
Producer/Representative

(Check all appropriate boxes.)

- ☐ No illustration was shown or given to the Applicant.
- ☐ The Policy illustrated was other than applied for.
- ☐ An illustration was electronically displayed, and no paper copy was provided.

Applicant

(Check the appropriate box.)

- ☐ No illustration conforming to the Policy applied for was shown or given to me at the time of application.
- ☐ An electronic illustration was shown, but no paper copy was provided.

For illustrated policies, an illustration conforming to the Policy as issued will be provided no later than the time of Policy delivery.

! It is required for Good Order that this entire section be completed.

Statement Regarding Existing Policies or Annuity Contracts

I (We) certify that: (check one)

- ☐ I (We) do not have any existing life insurance policies or annuity contracts.
- ☐ I (We) do have existing life insurance policies or annuity contracts.

Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant (where required) the *Replacement of Life Insurance or Annuities* [X0512] - state variations may apply) and return the notice, signed by both the Producer/Representative and the Applicant, with the Application.

COMPLETE [X0512] WHERE REQUIRED

! COMPLETE [X0512] "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

Replacement
Are you replacing an existing life insurance policy or annuity contract?

Yes ☐ No ☐ If "Yes," complete the following Company information.

Company Name	Policy/Contract #	Policy/Contract Date (mm/dd/yyyy)	Death Benefit Amount	Sec. 1035 Exchange (Y,N)
		/ /	\$	
		/ /	\$	
		/ /	\$	

To add additional policies, use Life Supplement form [X3150]

Are there any agreements in place or have there been any discussions to sell any policy issued by this or any other pending application in any secondary market transaction? ☐ Yes ☐ No
If "Yes," please provide details using Life Supplement form [X3150]

Is any part of the Premium for this proposed Policy financed by a loan or other premium financing arrangement? ☐ Yes ☐ No If "Yes," please provide details using Life Supplement form [X3150]





- If you want to authorize an individual other than your Producer/Rep to receive Policy information via telephone, please list that individual's information here.

Authorized Callers

First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)
		/ /

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided in this section, but no document type is selected, the selection will default to "All Documents."

Electronic Delivery Authorization

I agree to receive documents electronically:

- | | |
|---|--|
| <input type="checkbox"/> ALL DOCUMENTS | <input type="checkbox"/> Prospectuses and prospectus supplements |
| <input type="checkbox"/> Quarterly and/or Annual statements | <input type="checkbox"/> Proxy and other voting materials |
| <input type="checkbox"/> Periodic and immediate confirmation statements | <input type="checkbox"/> Other Policy-related correspondence |
| <input type="checkbox"/> Annual and Semi-Annual reports | |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website (www.jackson.com) is required for electronic delivery of Policy-related correspondence.

I (We) do ☐ do not ☐ have ready access to computer hardware and software that meet the below requirements. My email address is: _____. I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

Electronic Delivery Information: There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability though email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.





• The Company may require additional information in the form of questionnaires regarding travel (X1684), drug and alcohol use (X3015), hazardous racing (X3019), aviation (X3018), hazardous activities (X3017), and tobacco use (X1862). We encourage completion of questionnaires or a call to Underwriting in order to expedite the file.

Personal Information and Non-Medical History

1. Does the proposed Insured plan to reside or travel outside of the U.S. or Canada within the next two years? ☐ Yes ☐ No
If "Yes," please indicate when you will reside or travel _____, where _____, for how long _____, how often _____ and for what purpose _____ the proposed Insured intends to travel.
2. Of what country is the proposed Insured a citizen (indicate all that apply if the proposed Insured has dual citizenship)?.... ☐ U.S. ☐ Canada ☐ Other _____
If the proposed Insured is a citizen of a country other than the U.S. or Canada, how many years has the proposed Insured been in the U.S. or Canada _____, what is the proposed Insured's visa type _____, visa number _____, and visa expiration date _____?
3. Has the proposed Insured driven in the past but is no longer driving today?..... ☐ Yes ☐ No
4. Has the proposed Insured, in the past ten years:
 - a. Been convicted of, or admitted responsibility for, two or more driving offenses, had their driver's license suspended or revoked or been convicted of reckless driving or driving under the influence of any controlled substance or alcohol?..... ☐ Yes ☐ No
 - b. Engaged in, or plan to engage in, motorized racing, hang gliding, ballooning, sky diving, aviation, parachuting, cliff diving, mountain or rock climbing, skin or scuba diving, or bungee jumping?..... ☐ Yes ☐ No
 - c. Been convicted of a felony, or been imprisoned or on probation?..... ☐ Yes ☐ No
 - d. Participated in any regular exercise program or performed volunteer work for any charity, community, or social organization?..... ☐ Yes ☐ No
5. Has the proposed Insured ever used any form of tobacco?..... ☐ Yes ☐ No
 - a. If "Yes":
 1. When was the month and year of last use (mm/yyyy)? ____/____
 2. How many years has (did) the proposed Insured use(d) tobacco? ____
 3. What form of tobacco and methods of ingestion has the proposed Insured used?
Check all that apply:
☐ Cigarettes ☐ Cigars ☐ Chewing tobacco or any smokeless form
☐ Bedes ☐ Hookah ☐ Pipe
☐ Other form of tobacco or any nicotine product (describe): _____
 4. If cigarettes have been used, on average how many packs per day were consumed? ____
 5. If cigars have been used, on average how many per month were consumed? ____
6. Has the proposed Insured ever had a life or disability insurance application rated, postponed, or declined?..... ☐ Yes ☐ No

Non-Medical History Details

• For each "Yes" answer, include question number, dates and details.





Primary Health Care Provider or Personal Physician

Name (If none, check here: <input type="checkbox"/>)	Telephone Number (including area code) ()
Address (office name, number and street, city, state, ZIP code)	Date of Last Visit (mm/dd/yyyy) / /
Reason for Last Visit	Results

Personal Medical History

- ☐ Please see my medical examination for all answers in this section.
☐ Please send my laboratory results to me (if regulation allows).
- Please enter the proposed Insured's height: ____ ft. ____ in. and weight: ____ lbs.
 - Has the proposed Insured ever been treated for, diagnosed with, or had indications of one or more of the following:
 - Cancer, tumor, or cysts; any disorder of the lymph glands or nodes?..... ☐ Yes ☐ No
 - Diabetes, metabolic syndrome; any disease or disorder of the pancreas?..... ☐ Yes ☐ No
 - Stroke, high blood pressure, high cholesterol or lipids, heart murmur; any disease or disorder of the heart or blood vessels?..... ☐ Yes ☐ No
 - Any disease or disorder of the blood, thyroid, or any immunological disease?..... ☐ Yes ☐ No
 - Seizures, mental or psychological disorder, Alzheimer's disease, dementia, memory loss or Parkinson's disease; any disease or disorder of the nervous system?..... ☐ Yes ☐ No
 - Asthma, COPD, emphysema, sleep apnea; any disease or disorder of the respiratory system?..... ☐ Yes ☐ No
 - Any disease or disorder of the kidneys, bladder, reproductive organs, prostate (if male), or the genitourinary system?..... ☐ Yes ☐ No
 - Any disease or disorder of the liver, stomach, small intestines, colon, or the gastrointestinal system?..... ☐ Yes ☐ No
 - Arthritis; any disease or disorder of the muscles, bones, spine, back, or joints?... ☐ Yes ☐ No
 - Has the proposed Insured ever been hospitalized or had surgery of any kind?..... ☐ Yes ☐ No
 - Has the proposed Insured in the past 10 years:
 - Been prescribed medication?..... ☐ Yes ☐ No
 - Been examined or treated by any physician or medical practitioner?..... ☐ Yes ☐ No
 - Used any illegal, restricted, or controlled substance, except as prescribed by a physician?..... ☐ Yes ☐ No
 - Been counseled or treated for alcohol or illegal, restricted, or controlled substance abuse?..... ☐ Yes ☐ No
 - Been advised by any physician or medical practitioner to have any test, procedure, surgery, consultation, or hospitalization that has not been done?..... ☐ Yes ☐ No
 - Taken any herbal remedies, or alternative or complimentary medication?..... ☐ Yes ☐ No
 - Required the use of a wheelchair, walker or cane?..... ☐ Yes ☐ No
 - Has any immediate family member died as a result of, or been diagnosed with, melanoma or any cancer or heart disease prior to age 75? (Include age at diagnosis in details below.)..... ☐ Yes ☐ No
 - Has any immediate family member been diagnosed with a familial or inherited disease or disorder, Huntington's Chorea, polycystic kidney disease, or familial adenomatous polyposis (FAP)?..... ☐ Yes ☐ No
 - Has the proposed Insured ever been diagnosed with or treated by a medical physician for the HIV (Human Immunodeficiency Virus) Infection or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV Infection?..... ☐ Yes ☐ No

Personal Medical History Details

- To expedite underwriting we encourage the proposed Insured to answer these questions even if an examination is required.

- With the exception of Question 7., these questions do not refer to any condition resulting from AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus), or an AIDS-related condition.

- For each "Yes" answer, include question number, dates, details and results.





Client Acknowledgements

I (We) acknowledge that I (we) have read and understand this application in its entirety. I (We) represent to the best of my (our) knowledge and belief that all information in this application, and all additions to this application, including but not limited to, examination reports, questionnaires, supplements, and amendments, is true, complete, and correctly recorded. I (We) acknowledge that the Company will rely on this information to determine whether, and on what terms, to issue a Policy. I (We) understand that if any information is false, incomplete or incorrectly recorded, any Policy issued may be void. **I (We) agree that insurance coverage under the Policy for which I (we) am (are) applying will not take effect until the Policy Issue Date, and then only if all of the information provided in the application, and all additions to the application as referenced above, continues to be true and complete as of the Issue Date. Commencement of coverage is also subject to the following conditions: (1) if the Company does not receive the first full modal Premium within 30 days after the Issue Date, coverage will not take effect until the full Premium is received by the Company, and then only if all the information provided in the application, and any additions to the application as referenced above, continues to be true and complete as of that date; (2) if a health certificate is required, coverage will not take effect until the certificate has been truthfully and accurately completed and signed by the Insured, and reviewed and approved by the Company; (3) if the Policy Date is later than the Issue Date, coverage will not take effect until the Policy Date, and then only if all the information provided in the application, and any additions to the application as referenced above, continues to be true and complete as of the Policy Date.**

I (We) understand that if any of the information provided in the application, or any additions to the

application, including but not limited to, examination reports, questionnaires, supplements, and amendments, changes prior to coverage becoming effective as set forth above, I (we) must inform the Company in writing, and no coverage will be in effect until the Company determines whether to provide coverage and on what terms.

I (We) understand that no Producer/Representative is authorized to accept risks or bind coverage, decide insurability, modify the application or the Policy, or waive any of the Company's rights or requirements.

I (We) acknowledge that I (we) have read and understand the Notice of Company Information Practices in its entirety. I (We) authorize any physician, medical practitioner, hospital or medically related facility, pharmacy benefit manager, prescription database, insurance company, the Medical Information Bureau ("MIB"), credit bureau(s), Department of Motor Vehicles, friends, neighbors, employers, or any other institution or person having any records or knowledge of my (our): mental or physical health, including, but not limited to information regarding my (our) HIV status, and all test records and results; other insurance coverage; hazardous activities; character; general reputation; mode of living; finances; or vocation; to release said information to Jackson National Life Insurance Company® or its reinsurers if they choose to request such information for the purpose of verifying information on this application or to determine eligibility for insurance. I (We) understand that information obtained will be released by the Company only to reinsurers, the MIB, persons performing services in connection with my application or claim, or as lawfully required.

I (We) agree that this authorization is valid for 24 months, that a photocopy of it is as valid as the original and that I (we) may request a copy of this authorization. In the case where the authorization is used in connection with a claim, the authorization is valid for the duration of the claim.

Notice to Applicant

Arkansas, Kentucky, Louisiana, Ohio and Pennsylvania residents, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia residents, please note: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

(continued on next page)

Signatures Required on Page 9

Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value • Not a deposit • Not insured by any federal agency


Notice to Applicant (continued)

New Jersey residents, please note: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico residents, please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

Tennessee and Washington residents, please note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

CALIFORNIA RESIDENTS, AGE 65 OR OLDER: Prior to purchasing any life insurance or annuity product, you should understand that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other cost or penalties as a result of the sale or liquidation. You or your producer/representative may wish to consult an independent legal or financial advisor before selling or liquidating any assets prior to the purchase of any life or annuity product.

Proposed Insured's Signature	Signed at (city, state)	Date Signed (mm/dd/yyyy)
		/ /
Policy Owner's Signature (if other than the Proposed Insured)	Signed at (city, state)	Date Signed (mm/dd/yyyy)
		/ /
Parent or Guardian's Signature (if applicable)	Signed at (city, state)	Date Signed (mm/dd/yyyy)
		/ /

Producer/Representative Acknowledgements
Producer/Representative's Certification Regarding Sales Materials

I certify that:

- ☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

To the best of my knowledge and belief the applicant

☐ **does** ☐ **does not**

have any existing life insurance policies or annuity contracts. (If a replacement, please provide a replacement form or other special forms where required by state law.)

I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief, this application

☐ **will** ☐ **will not**

replace any life insurance policy or annuity contract.

Did you order medical requirements? ☐ **Yes** ☐ **No** If "Yes," from whom? _____

I ☐ **have** ☐ **have not** provided the proposed Insured with the Discovery Packet.

• PLEASE
PRINT

It is
required for
Good
Order that
all
Producer/
Rep
numbers
be
supplied.

Producer/Representative Signature		Producer/Representative Name	
Jackson Prod./Rep. No.	Date Signed (mm/dd/yyyy)	Producer/Representative Email Address	
	/ /		
If more than one Producer/Representative is to receive compensation on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).			
Producer/Representative Name		Jackson Producer/Representative No.	Percentage
			%
Producer/Representative Name		Jackson Producer/Representative No.	Percentage
			%

TEMPORARY INSURANCE AGREEMENT



PLEASE PRINT

Proposed Insured

First Name	Middle Name	Last Name	DOB (mm/dd/yyyy)	Social Security Number
			/ /	

Policy Owner (if other than Proposed Insured)

Individual Name (First, Middle, Last) or Non-Natural Owner/Entity	DOB (mm/dd/yyyy)	Social Security/Tax I.D. No.
	/ /	

Producer/Representative: **Do not complete temporary insurance agreement unless** at least the first full Premium for the product and mode is submitted with the application, and the proposed Insured satisfies the conditions below.

APPLICANT: Make Checks Payable Only to Jackson National Life Insurance Company®

PREMIUM CANNOT BE ACCEPTED if any proposed Insured is over age 80 **or if you are replacing a JacksonSM policy.**

Received from (name)	Date (mm/dd/yyyy)	Amount	Check No.
	/ /		

(Any reference in this Temporary Insurance Agreement (TIA) to the proposed Insured, the Policy, or an amount applied for, refers to the proposed Insured, the Policy and the amount applied for on the application to which this Temporary Insurance Agreement was originally attached.)

Coverage

This agreement provides life insurance coverage on a temporary basis, but only if all conditions are met and then only to the extent of the LIMITS OF COVERAGE. Upon due proof of death of the proposed Insured while coverage under this agreement is in force, the Company will pay the benefits due the beneficiaries listed on the application to which this agreement was attached.

Conditions

1. The answers in all parts of the application and any examination report, questionnaire, application, supplement, or amendment, must be true, complete and correctly recorded.
2. You must never have been treated for, or been advised by a member of the medical profession to seek treatment for, or been diagnosed with, or tested positive for: cancer, tumor, diabetes, stroke, blood vessel disorders, high blood pressure, high cholesterol, seizures, mental or psychological disorder or any disorder of the blood, lymph glands, or lymph nodes, immunological disorder, thyroid, kidney, liver, heart or gastrointestinal, respiratory or nervous system, controlled substance or alcohol abuse, or the HIV (Human Immunodeficiency Virus) Infection also known as AIDS (Acquired Immune Deficiency Syndrome) virus.
3. A check or money order for the first full modal Premium for the product applied for **must be submitted with the application** to which this Temporary Insurance Agreement (TIA) was attached. A check or money order returned for insufficient funds, or otherwise uncollectible,

will void this agreement. If Jackson receives a TIA without a check or money order, there is no coverage under the TIA.

If all of the above CONDITIONS are met, temporary insurance shall begin on the date this agreement is received at the Service Center.

Limits of Coverage – \$500,000 or Less

Temporary insurance based on this agreement, and all other temporary insurance agreements issued by the Company insuring the life of the proposed Insured, is limited to \$500,000 or the amount applied for in the application, **WHICHEVER IS LESS**. If more than one temporary insurance agreement insures the life of the proposed Insured, and the total amount applied for exceeds \$500,000, the Beneficiaries under each agreement shall receive a proportionate share of the total limit of \$500,000 based on the amounts applied for in each application.

If the Premium submitted with the application and any other application for a Policy on the life of the proposed Insured would purchase more than \$500,000 of coverage based on the product and Premium mode applied for, and the proposed Insured dies while this agreement is in force, the Company will refund the portion of the premium that would have purchased coverage in excess of \$500,000.

Suicide – If the proposed Insured dies by suicide (while sane or insane) while coverage under this agreement is in force, the amount payable by the Company will be equal to the Premium(s) paid.



When Coverage Terminates

Temporary insurance shall terminate automatically, and no coverage will be provided on the earliest of:

1. The date the Company offers to issue a Policy on a basis other than as applied for (e.g. at an increased premium rate due to risk classification);
2. The date the applicant advises the Company that he or she is no longer interested in obtaining the Policy applied for;
3. The date the Company returns the Premium paid for any reason;
4. The date the coverage under the Policy becomes effective pursuant to the terms of the application;
5. The date the applicant fails or refuses to accept delivery of a Policy that has not become effective; or
6. Ninety (90) days after the date of this agreement.

THIS AGREEMENT IS NOT A BINDER. NO PRODUCER/REPRESENTATIVE IS AUTHORIZED TO ACCEPT RISKS OR BIND COVERAGE, DECIDE INSURABILITY, MODIFY THE TERMS OF THIS AGREEMENT, OR WAIVE ANY OF THE COMPANY'S RIGHTS OR REQUIREMENTS.

Signatures

Proposed Insured's Signature

Signed at (city, state)

Date Signed (mm/dd/yyyy)

Policy Owner's Signature (if other than Proposed Insured)

Signed at (city, state)

Date Signed (mm/dd/yyyy)

Parent or Guardian's Signature (if applicable)

Signed at (city, state)

Date Signed (mm/dd/yyyy)

Producer/Representative Signature

Date Signed (mm/dd/yyyy)

Producer/Representative First Name

Middle Name

Last Name

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VARIABLE UNIVERSAL LIFE INSURANCE BENEFIT SELECTION/PREMIUM ALLOCATION



PLEASE PRINT

Home Office: Lansing, Michigan
www.jackson.com

Must accompany the application. Complete for all VUL Insurance Policies.

Proposed Insured

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)	Social Security Number
			/ /	

Policy Owner (if other than Proposed Insured)

Individual Name (First, Middle, Last) or Non-Natural Owner/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/Tax I.D. No.
	/ /	

Death Benefit Qualification Test

Select one of the following death benefit qualification tests **(Once selected, this choice may not be changed):**

- ☐ Guideline Premium and Cash Value Corridor Test
☐ Cash Value Accumulation Test

Cash Value Accumulation Test Not Available

Optional Benefits

Benefits/Riders (if available)

- ☐ Primary Insured Term Companion Policy
Product Name: _____
Death Benefit: \$ _____
- ☐ Other Insured Term Insurance Rider
(please complete separate application)
- ☐ Children's Insurance Rider (CIR) _____ Units
(complete X3250 for CIR riders.) _____

Waiver Options (May select only one)

- ☐ Waiver of Specified Premium
Amount to be waived annually: \$ _____
- ☐ Waiver of Monthly Deductions

Death Benefit Options

Select only one:

- ☐ Death Benefit Option A
☐ Death Benefit Option B
☐ Death Benefit Option C¹

¹ The Guaranteed Death Benefit Rider is not included if this option is selected.

Telephone and Electronic Transfers Authorization

By checking "Yes," I (we) authorize Jackson National Life Insurance Company® (JacksonSM) to accept Investment Divisions/Fixed Account transfers/allocation changes via telephone, internet, or other electronic medium from me (us) and my (our) Producer/Representative subject to Jackson's administrative procedures. This authorization is not extended to Authorized Callers.

Do you authorize these types of transfers? Yes ☐ No ☐

Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures. I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, notwithstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of Nebraska, New Hampshire, and North Dakota and to "Yes" for residents of all other states.





Premium Allocation and Source of Monthly Deductions

Premium Allocation. Please select from the following Investment Divisions and Fixed Account option by entering whole percentages in the left-hand columns. Subsequent payments will be invested in the selected Investment Division(s) and Fixed Account option unless Jackson is otherwise instructed. **Use whole percentages only.**

Source of Monthly Deductions. You may indicate the percentages of the monthly deductions to be withdrawn from the Investment Division(s) listed below by entering whole percentages (must total 100%) in the right-hand columns. If you do not enter percentages, monthly deductions will be subtracted from all Investment Division(s) in proportion to their value on the Monthly Anniversary.

Premium Allocation	Investment Divisions	Source of Monthly Deductions	Premium Allocation	Investment Divisions	Source of Monthly Deductions
	JNL/AIM			JNL/Mellon (continued)	
	International Growth			S&P 500® Index	
	Large Cap Growth			S&P 400 MidCap Index	
	Global Real Estate			Small Cap Index	
	Small Cap Growth			International Index	
	JNL/Capital Guardian			Bond Index	
	Global Balanced			Communications Sector	
	Global Diversified Research			Consumer Brands Sector	
	International Small Cap			Financial Sector	
	U.S. Growth Equity			Healthcare Sector	
	JNL/Credit Suisse			Oil & Gas Sector	
	Global Natural Resources			Technology Sector	
	Long/Short			JNL/Oppenheimer	
	JNL/Eagle			Global Growth	
	Core Equity			JNL/PAM	
	SmallCap Equity			Asia ex-Japan	
	JNL/Franklin Templeton			China-India	
	Global Growth			JNL/PIMCO	
	Income			Real Return	
	Mutual Shares			Total Return Bond	
	Small Cap Value			JNL/PPM America	
	JNL/Goldman Sachs			Core Equity	
	Core Plus Bond			High Yield Bond	
	Emerging Markets Debt			Mid Cap Value	
	Mid Cap Value			Small Cap Value	
	Short Duration Bond			Value Equity	
	JNL/JPMorgan			JNL/Red Rocks	
	International Value			Listed Private Equity	
	MidCap Growth			JNL/Select	
	U.S. Government & Quality Bond			Balanced	
	JNL/Lazard			Money Market	
	Emerging Markets			Value	
	Mid Cap Equity			JNL/T. Rowe Price	
	JNL/M&G			Established Growth	
	Global Basics			Mid-Cap Growth	
	Global Leaders			Value	
	JNL/Mellon Capital Management			JNL/S&P Strategic	
	JNL 5			Competitive Advantage	
	25			Dividend Income & Growth	
	Select Small-Cap			Intrinsic Value	
	JNL Optimized 5			Total Yield	
	VIP			Fixed Account *	
	Dow SM Dividend			Totals (must equal 100%)	
	European 30				
	Nasdaq® 25				
	NYSE® International 25				
	Pacific Rim 30				
	S&P® 24				
	S&P SMid 60				
	Value Line® 30				

* Only one transfer per Policy Year is allowed from the Fixed Account (unless Rebalancing or Dollar Cost Averaging has been elected). The transfer amount is limited to the greater of \$1,000 (or Fixed Account Value if less), the amount transferred out of the Fixed Account in the previous year, or 25% of the Fixed Account Value.




Systematic Investment (periodic premium allocation program)

If you wish to establish automatic rebalancing for your asset allocation indicate the start date and frequency of rebalancing below.

Start Date for Rebalancing (mm/dd/yyyy): _____

Frequency of Rebalancing: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

NOTE: Start date must be after the allocation date. If no start date is selected, rebalancing will begin on the Monthly Anniversary one month/quarter/half year/year period (depending on the frequency You selected) from the date Jackson receives this form at its Service Center in Good Order. If no frequency is selected, the frequency will be annual. No transfers will be made on days 29, 30 or 31, unless set up on an annual frequency.

Transfer Information

Complete this section if you are transferring assets from another policy or contract. The approximate amount of transfer is the net amount to be sent to Jackson.

Approximate Amount of Transfer: \$ _____

Transfer Type (Only non-qualified funds can be accepted)

☐ **Non-1035 Exchange Funds**

☐ **Life Insurance Policy, 1035 Exchange**

☐ This Policy is a Modified Endowment Contract (MEC).

☐ An existing loan with approximate value of \$ _____ is being transferred.

(This amount will be allocated to the loan account as collateral for the loan.)

Suitability - To be completed by the Policy Owner

1. Do you believe that the Policy applied for will meet your insurance and financial objectives?..... ☐ Yes ☐ No
2. Do you understand that the death benefit, policy value, and surrender value may increase or decrease depending on the experience of the Fixed Account and Investment Divisions?..... ☐ Yes ☐ No
3. Do you understand that upon issue of the Policy the initial premium will be allocated to a Fixed Account until the Allocation Date? (Please see the prospectus for details)..... ☐ Yes ☐ No
4. Did you receive a copy of the prospectus?..... ☐ Yes ☐ No
5. Do you understand that the Policy applied for may lapse if the net policy value less any applicable surrender charge becomes insufficient to cover the Policy's monthly deductions?..... ☐ Yes ☐ No
6. Do you understand that any personalized illustrations received are based on a hypothetical rate of return assumption that may not be indicative of actual future investment experience of the Investment Division(s) or actual interest credited to the Fixed Account?..... ☐ Yes ☐ No

Date of the prospectus (mm/dd/yyyy): _____

THE DEATH BENEFIT PROCEEDS AND AMOUNTS IN THE INVESTMENT DIVISION(S) ARE NOT GUARANTEED AND MAY INCREASE OR DECREASE BASED UPON THE INVESTMENT EXPERIENCE OF THE INVESTMENT DIVISION(S).

Premium Received in Excess of IRC Premium Limitations

For Premiums received within 15 days prior to a Policy Anniversary you authorize Jackson National Life Insurance Company to hold any Premium in excess of any Internal Revenue Code 7702 or 7702A premium limits to be applied in the next Policy Year. Please see the Premium and Premium Limits section of your prospectus for information on these limits. No interest will be paid on

funds held for this reason and the funds will not be protected by any insurance guaranty fund or deposit insurance until they are applied as Premium.

Premiums received within 15 days prior to a Policy Anniversary will be considered Premium for the next Policy Year for any applicable Sales Charges.

Signatures

Owner's Signature

Date Signed (mm/dd/yyyy)

State where signed

____/____/____

Joint Owner's Signature

Date Signed (mm/dd/yyyy)

State where signed

____/____/____

Producer/Representative Signature

Date Signed (mm/dd/yyyy)

____/____/____



<i>SERFF Tracking Number:</i>	<i>JACK-126104490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42096</i>
<i>Company Tracking Number:</i>	<i>X3400 ET AL</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Application</i>		
<i>Project Name/Number:</i>	<i>Life Application/X3400 ET AL</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AR - Flesch Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	Not applicable	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo	
Bypass Reason:	Not applicable	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	
Comments:		
Attachments:		
X3400 Statement of Variability (base).pdf		
X3500 Statement of Variability (base).pdf		
V3077 09-09 Statement of Variability (base).pdf		

	Item Status:	Status Date:
Satisfied - Item:	AR - Certification Notice	

<i>SERFF Tracking Number:</i>	<i>JACK-126104490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42096</i>
<i>Company Tracking Number:</i>	<i>X3400 ET AL</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Application</i>		
<i>Project Name/Number:</i>	<i>Life Application/X3400 ET AL</i>		

Comments:

Attachment:

AR - Certification Notice.pdf

CERTIFICATION

This is to certify that X3400 has achieved a Flesch Reading Ease Score of 50.7 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that X3500 has achieved a Flesch Reading Ease Score of 51.3 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that V3077 09/09 has achieved a Flesch Reading Ease Score of N/A and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Jackson National Life Insurance Company



By: _____
Julie Hughes
Assistant Vice-President
Product Drafting and State Filing Department

Date: April 10, 2009

Arkansas

**JACKSON NATIONAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY**

**Form Number: X3400
Life Application**

Revision Date: 04/10/2009

Page(s)	Bracketed (Variable)	Range of Variables
1 & 5	[Home Office: 1 Corporate Way Lansing, Michigan 48951 www.jackson.com]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1-9	Control Number [X3400 09/09]	This number would change if there were a change to the bracketed information on the application requiring revision of the application. If changed, this will reflect a revised control number and/or revision date.
1 2 3 4 6	<ul style="list-style-type: none"> Multiple Ownership Designation [X1006] Trustee Certification [X5335] Children's Insurance Rider/Family Insurance Rider (CIR/FIR) Supplement to Life Application [X3250] Variable Universal Life Insurance Benefit Selection/Premium Allocation [V3077] Temporary Insurance Agreement [X3500] Premium Payment Charge Authorization (PAC) [X0298] Replacement of Life Insurance or Annuities [X0512] Life Supplement [X3150] International Travel/Residence Questionnaire [X1684] Alcohol Use Questionnaire [X3015] Hazardous Racing Questionnaire Supplement to Application [X3016] Aviation Activities Questionnaire Supplement to Application [X3018] Hazardous Activities Questionnaire Supplement to Application [X3017] Tobacco Use Questionnaire [X1862] 	These are the current form numbers for the administrative and supplemental applications forms listed. In the future, if changed, this will reflect an updated administrative or supplemental application form number, as approved (where appropriate).
2	Death Benefit Options	These are the Death Benefit Options offered by the Company. Additional death benefit options may be added (as approved) or removed.
2	Benefits and Riders	These are the current Benefits and Riders offered by the Company. Additional benefits may be added (as approved) or removed.
2	[Generations UL]	This is the current marketing name for this policy. The marketing name on the applications may change to correspond with any changes made to the marketing name of the policy.
5	Electronic Delivery Authorization [<input type="checkbox"/> ALL DOCUMENTS <input type="checkbox"/> Quarterly and/or Annual statements <input type="checkbox"/> Periodic and immediate confirmation statements <input type="checkbox"/> Annual and Semi-Annual reports <input type="checkbox"/> Prospectuses and prospectus supplements <input type="checkbox"/> Proxy and other voting materials <input type="checkbox"/> Other Policy-related correspondence]	These are the current documents offered via electronic by the Company. Any different information will reflect new statements or correspondence provided by the Company.
5	www.adobe.com]	This is this website for Adobe Systems Incorporated. Any different web address will reflect the current website where Adobe Acrobat Reader or other software program may be downloaded.
8 & 9	Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.

**JACKSON NATIONAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY**

**Form Number: X3500
Temporary Insurance Agreement**

Revision Date: 04/10/2009

Page(s)	Bracketed (Variable)	Range of Variables
1	[Home Office: Lansing, Michigan 48951 www.jackson.com]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1-2	Control Number [X3500 09/09]	This number would change if there were a change to the bracketed information on the application requiring revision of the application. If changed, this will reflect a revised control number and/or revision date.

**JACKSON NATIONAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY**

**Form Number: V3077 09/09
Variable Universal Life Insurance
Benefit Selection/Premium Allocation**

Revision Date: 04/10/09

Page(s)	Bracketed (Variable)	Range of Variables
1	[Home Office: Lansing, Michigan www.jackson.com]	As this is the current home city/state and website of Jackson National Life, it is appropriate to bracket the information as variable. In the future, if changed, this will reflect a different city/state within the confines of the United States, as well as a valid Company website.
1	Optional Benefits	These are the current Benefits and Riders offered by the Company. Additional benefits may be added (as approved) or removed.
1	Children's Insurance Rider/Family Insurance Rider (CIR/FIR Supplement to Life Application [X3250])	This is the current form number of this supplemental application. In the future, if changed, this will reflect a new form number, as approved.
1	Death Benefit Options	These are the Death Benefit Options offered by the Company. Additional death benefit options may be added (as approved) or removed.
1	Telephone and Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [Nebraska, New Hampshire, and North Dakota] and to "Yes" for residents of all other states.	These are the states that currently require the Company to default to No for authorization of telephone/electronic transfers. Any additional states will reflect a requirement made by that state.
1-3	Control Number [V3077 09/09]	This number would change if there were a change to the bracketed information on the application requiring revision of the application. If changed this will reflect a revised control number and/or revision date.
2	Premium Allocation section. Investment Division names	These are the current Investment Divisions offered by the Company. In the future, if changed, the Investment Divisions offered by the Company will reflect Investment Division names that have been appropriately filed with the SEC.
3	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.

CONSENT TO SUBMIT RATES
AND/OR COST BASIS FOR APPROVAL

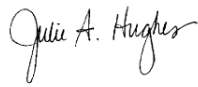
The Jackson National Life Insurance Company of Lansing, Michigan does hereby consent and agree:

- A) that all premium rates and/or cost basis both “maximum” and “current or projected,” used in relation to form numbers X3400, X3500, and V3077 09/09 must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost basis shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost basis prior to the expiration of sixty (60) days.

or

- B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Jackson National Life Insurance Company

By : 

Julie Hughes
Assistant Vice-President
Product Drafting and State Filing Department

Date: April 10, 2009